

FMS Foundation Newsletter

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September 1, 1996

Dear Friends,

"After reviewing the arguments on both sides of the issue, we are unconvinced that repression exists as a phenomenon separate and apart from the normal process of forgetting. Because we find these two processes to be indistinguishable scientifically, it follows that they should be treated the same legally."

COURT OF APPEALS OF MARYLAND
JANE DOE, ET AL. v. A. JOSEPH MASKELL, ET AL.
No. 102, September Term, 1995 July 29, 1996, Filed.

The summer of 1996 finds the number of repressed memory cases exploding at the higher-court level, an inevitable consequence of the hundreds of cases brought against parents. There have been six more important higher court decisions in the past few weeks. As you read the legal section of the Newsletter, note that these courts routinely either have refused to extend the statute of limitations for repressed memory claims or have issued detailed instructions to trial courts to explore the reliability of the claims before allowing the cases to proceed. A vital job for families at this moment in time is to help educate legislators about how the courts view repressed memory cases.

Other legal decisions about repressed memories may be setting new patterns. Although it was at the trial level, Judge McLean's detailed and thorough opinion in the Althaus case establishes strong arguments that a therapist owes a duty to a third party under certain circumstances. This summer, for the first time, we note a case in which a church is being sued for a patient's false memories. Also for the first time, we note that a father and son have sued a therapist in a repressed memory case.

This summer more people have been released from prison as earlier decisions have been reversed. George Franklin and John Quattrocchi, both repressed memory cases, have been released from prison. Franklin's case will not be retried. Decisions were overturned in two more day-care cases: a minister in New York was released after 10 years and two couples in Kern County, California were released after 14 years.

How does a nation ever adequately apologize to these people? January 14, 1997 will mark the 300th anniversary of the Massachusetts Day of Repentance, the official apology for the Salem Witch Trials. Who will apologize to all the people devastated in the 1980s and 1990s because of "repressed memory hysteria?" Perhaps a change in climate will have to suffice. In 1996, no one is in charge.

We don't expect that mental health professionals will apologize. While we are aware of some therapists who have said that they are sorry and attempted to make amends to families, most professionals seem to be "returners" much like the accusers who try to reenter the family without talking about or taking responsibility for the harm they have done. Some professionals whose past books and papers placed them solidly in the repressed memory camp are now the voice of moderation in standards of care for memory work—with no reference to their past position.

This summer several new case studies appeared in which external corroboration was offered to show the accuracy of some memories recovered in therapy. In one newspaper report, this was presented as "evidence for repression." There are several important points. First, the position of the FMS Foundation has always been that whether they are continuous or recovered—some memories are true, some a mixture of fact and fantasy and some false. Of course some recalled events will be true, but that does not change the fact that the only way to

determine the historical accuracy of a memory is through external corroboration. Second, these case studies do not constitute proof that there are special mental mechanisms for repression. Third, they do not address the problems of therapeutically prompted visualizations. Prudence suggests that a good faith effort for external corroboration be made before destroying lives and families.

The reality of false memories was firmly established this summer when researchers captured brain-scans of false memories in the brain. This summer Charlotte Vale Allen, author of *Daddy's Girl*, one of the first books about being an incest survivor, sent us the remarkable letter published in this issue. She expresses concern that her book may contribute to the repressed memory phenomenon, "And the only way I know how to prevent that happening is by affiliating myself with a foundation whose work I believe in."

The summer of 1996 presented us with more moving letters from families. As we read them, we were impressed by the great range of concerns. For some families, time has taken its toll and, either through death or "good-bye" letters, closure has been forced. Other families struggle with how to talk about "the big problem." A few have begun to report what we want to hear again and again:

"It is hard now to remember the terrible anger and deep resentment I felt so often just a short time ago."

Pamela

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MEMORY AND REALITY: NEXT STEPS MARCH 22 AND 23, 1997

What are the next steps for dealing with the personal tragedies, injustices and social problems created by false memory syndrome and false accusations? Speakers will include: Drs. Chris Barden, Pamela Freyd, Elizabeth Loftus, and Paul McHugh. Round tables, a popular feature of the two previous conferences, are also scheduled. Brochures will be mailed during the fall. Plan to welcome spring 1997 with your fellow members of the Foundation.

Baltimore's Renaissance Hotel will be the site of the meeting and will follow a professional continuing education program on March 20 and 21 that is jointly sponsored by the FMS Foundation and Johns Hopkins Medical Institutions.

SAMPLING OF COMMENTS ON THE DECISION NOT TO PROSECUTE GEORGE FRANKLIN

"If you think a witch-hunt like the one in Arthur Miller's 'The Crucible' could not occur in this enlightened age, consider the case of George Franklin..."

San Francisco Chronicle, July 9, 1996

"Several famous cases—the McMartin Pre-School in Los Angeles, the Wenatchee witch hunts, day-care teacher Kelly Michaels in New Jersey—came apart when witnesses recanted, officials confessed to coercing fraudulent testimony and appeals courts examined kangaroo proceedings. That is what has happened in the Franklin affair. None of this signifies an end to 'repressed memory' in American justice; but it does suggest the beginning of the end, and a healthy measure of public skepticism and common sense."

Providence Journal-Bulletin, July 15, 1996

"What happened to Franklin should be a cautionary tale for a society that treats trendy psychiatric theories as though they were fact, while at the same time disregarding common sense and basic skepticism."

San Mateo County Times, July 9, 1996

"...Prosecutors announced Tuesday that Franklin will be set free today because they do not have enough evidence to retry him for the 1969 murder.... The final blow to the prosecution came with Janice Franklin's testimony about being hypnotized before testifying against her father. In California, testimony influenced by hypnotic suggestion is inadmissible."

The Press Democrat, July 3, 1996

"Whether or not recovered memories are windows into real events must be fascinating fodder for debate among therapists. But when those memories become the basis for criminal charges, there is much more at stake than just the emotional well-being of the accuser. Also on the line is the freedom and reputation of the accused—people plunged into the Kafkaesque nightmare of having to defend themselves against charges arising from events decades in the past. Where were you on the night of July 9, 1976?"

Newsday, July 8, 1996

"In recent years a small industry has emerged in which therapists help patients recover memories of past abuses for which there is no evidence. Lives have been ruined and

families torn apart by false recovered memories, which also are destructive to the people with the recovered memories."

Waco Tribune Herald, July 20, 1996

"Forensic DNA recently has been decisive in proving the innocence of men wrongly imprisoned. In each case, the convictions had been obtained primarily on repressed memory testimony...Franklin-Lipsker also told investigators in 1990 that she remembered her father committing two more murders. She remembered her godfather, Stan Smith, raping Veronica Cascio and her father murdering her. DNA semen tests proved neither Franklin nor Smith could have raped Cascio. Details of the other murder were too vague to investigate."

Santa Barbara News Press, July 21, 1996

"Prosecutors might be slow to take cases which will blow up in their face without a lot of other evidence to make a case," said University of Louisville law professor Jacqueline Kanovitz.

Sacramento Bee, July 4, 1996

Continuing Education Program in Chicago on Oct. 4

Loyola University is the location of a Friday, October 4, Foundation-sponsored continuing education program, "Clinical Issues in Dealing with False Memories: Prevention and Family Reconciliation." Terence Campbell, Ph.D. and Carolyn Saari, Ph.D. from the FMSF Scientific and Professional Advisory Board will be joined by Jack Wald, DSW to discuss the research on memory, appropriate clinical techniques and family issues and reconciliation. Brochures have been mailed. The program will include an interview with a retractor and a second interview with her family. Continuing education credits for psychologists and social workers have been confirmed. Contact the Foundation for more information.

Friends to Meet in Chicago on October 5

Plans have been finalized for a meeting of the *Friends* of the False Memory Syndrome Foundation in Chicago on the evening of October 5, 1996. "*Friends*" are Foundation members who contribute a minimum of \$400.00 above their dues. Richard Ofshe will be the featured speaker at this dinner which will be held at Loyola University in Chicago. Lee Arning, Chair of *Friends* and a Director of the Foundation, extends an invitation to all members who would like to become a *Friend* to join him and other *Friends* in Chicago.

For details call Lee at 609-967-7812 or leave your number for him at the Foundation.

The Illinois False Memory Syndrome Society has scheduled its annual meeting for Chicago 5, so *Friends* who travel to Chicago can plan to participate in a full day of programs. For details about the Illinois False Memory Syndrome Society meeting call Eileen at (708) 980-7693.

SPECIAL THANKS

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter.

Editorial Support: Toby Feld, Allen Feld, Howard Fishman, Peter Freyd. *Research:* Merci Federicia, Michele Gregg, Anita Lipton. *Notices:* Valerie Fling. *Production:* Frank Kane. *Columnists:* Katie Spanuella and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

FOCUS ON SCIENCE

From time to time, various scientific articles appear which discuss issues of childhood sexual abuse, memory, and responses to trauma. Since such studies are often widely cited in the scientific and popular press, it is critical to recognize their methodological limits. It is particularly important to understand what conclusions can and cannot legitimately be drawn from these studies on the basis of the data presented. As a result, we periodically present analyses of recent well-known studies, prepared with help from members of our Scientific Advisory Committee.

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Salt, Sexual Abuse, and Medical Myths

Medical and psychological myths can become so widely accepted in the general population, and even among professionals themselves, that everyone begins to accept them as axiomatic. So indoctrinated do we become that we may even pass laws based on these myths, without stopping to question their validity.

A classic example of such a myth is the belief that salt restriction prevents normal people from developing high blood pressure. Every day, we see authoritative publications discussing salt consumption and the sodium content of various foods; restaurants and supermarkets offer foods with reduced sodium; and even the United States Food and Drug Administration has published daily reference values for daily sodium intake. Indeed, by federal law, all foods sold in the United States must be labeled with the amount of sodium per serving and the percent of the daily reference value. Surely, then, it must be firmly established scientifically that restriction of sodium intake is helpful for preventing high blood pressure.

But is it true? Recently, a comprehensive statistical analysis of the research in this area was published (1). The authors examined 56 studies, chosen according to rigorous criteria, and found that diastolic blood pressure (the lower of the two figures in a blood pressure reading, and the one considered more important in determining health risk) was not significantly affected by reducing sodium, either in people with high blood pressure or people with normal blood pressure. For example, looking at the 28 studies that examined individuals with normal blood pressure, sodium restriction reduced the diastolic pressure by an average of only 0.1 mm. In other words, for people with a blood pressure of 120/80, the mean diastolic pressure was reduced only to 79.9. And even this minute difference might be false, since the investigators were able to show that studies failing to find an effect of salt on blood pressure were probably less likely to be published than studies with a positive result. This phenomenon, called "publication bias," would tend to cause an exaggeration in the apparent effect of salt on blood pressure. Thus, when we correct for the possible effects of publication bias, the effect of salt may vanish completely!

How, then, did we become so attached to the salt myth?

One reason may be that early studies, comparing the blood pressures of people in different countries, found that people who had less salt in their diets also displayed lower blood pressure. It turns out, however, when one controls this data for confounding variables, such as obesity and alcohol consumption, that salt consumption has little or no effect on blood pressure at all. But despite these flaws, the findings of earlier studies were quoted and re-quoted, until eventually everybody "knew" that salt was bad for you.

Medicine is full of such myths. We all "know" that bad weather can exacerbate the pains of arthritis, that eating chocolate can make acne worse, that stress causes stomach ulcers. It appears, however, none of these beliefs is true. It's just that we have heard them so often that we have come to accept them as established facts. And these beliefs have all arisen in fairly scientific branches of medicine. In psychiatry, we have far fewer definitive biological or physical methods to test the truth of hypotheses. Therefore, if myths can take root so easily in general medicine, myths in psychiatry might proliferate even more wildly.

The lesson of all this is that we must be humble about what we know in psychiatry. Our field has already made some terrible mistakes because we lacked that humility. In past years, for example, numerous mothers were accused of having made their children schizophrenic, because of theories that (bad) mothering caused schizophrenia. These mothers suffered shame and guilt all of their lives—unnecessarily, because it is now almost universally conceded that schizophrenia is caused by biological abnormalities. Similarly, gay men in the past were treated with years of psychotherapy, and even with behavioral techniques using electric shocks, in an attempt to "cure" their homosexuality and make them heterosexual. Mental illness was, for a time, claimed to be a "myth," and helpless patients with chronic psychotic disorders were released from mental hospitals on the assumption that their only problem was that society defined them to be ill. What other follies might

"Fortunately, some sobriety is being restored. Dorothy Rabinowitz of *The Wall Street Journal* has led a one-woman crusade to throw light on this subject. The Philadelphia-based False Memory Syndrome Foundation, founded and run by physicians, psychologists and psychiatrists, has been monitoring the phenomenon, and combatting hysteria..."

Editorial, July 15, 1996
Providence Journal-Bulletin

psychiatry be endorsing at this very moment? Which of our current beliefs will become the laughing stock of the next generation?

One candidate for such a belief is the assumption that childhood sexual abuse causes people to develop psychiatric disorders in adulthood. Everybody "knows" that this is true, just as everybody "knows" that salt is bad for blood pressure. Even to question the pathogenic effects of childhood sexual abuse is often considered heretical—just as it would have been almost scandalous, a generation ago, to question whether bad mothering could turn children into schizophrenics. Yet, the studies suggesting that childhood sexual abuse causes adult psychopathology generally suffer from the same multitude of confounding variables that bedeviled the old cross-cultural studies of blood pressure. Specifically, most individuals who have been sexually abused have also been subject to countless other events: they have often been victims of broken families, physical abuse, psychological neglect, and other adverse environ-

mental influences. Also, they may have inherited psychiatric disorders from the very individuals in their families who have abused them. Alcohol dependence, for example, may be a provocative factor in sexual abuse, but it also has an established genetic component, and may be passed on to a child. It is not at all clear, therefore, if one removed all of these confounding variables, whether childhood sexual abuse would have any effect on adult psychopathology, or whether, like the effect of salt on blood pressure, it would vanish into insignificance.

Now, this does not mean that we should ever ignore or forgive childhood sexual abuse. Bank robberies and car thefts rarely cause people to develop psychiatric disorders, but we still have criminal laws against such activities. Motor vehicle accidents do not cause cancer or heart disease, but no one condones motor vehicle accidents. In other words, the scientific question of the effects of childhood sexual abuse must not be confused with the moral and legal issue of dealing with this problem. But if we treat adult psychiatric disorders on the assumption that they are caused by childhood sexual abuse, and this theory turns out to be another myth, then we may be wasting valuable time and energy that could be better used for more effective treatments of these disorders much as people trying to prevent high blood pressure may be distracted from getting effective treatment by their pursuit of salt restriction.

References

1. Midgley, J.P., Matthew, A.G., Greenwood, C.M.T., Logan, A.G. "Effect of reduced dietary sodium on blood pressure. A meta-analysis of randomized controlled trials. JAMA 1996; 275:1590-1597.

Psychologist loses license for three years

In the Matter of the License to Practice Psychology: Mark D. Stephenson Findings of Fact, Conclusions of Law and Order. Idaho Attorney General's Office Case No. Psy-03-95-005

A hearing was conducted before the Idaho Board of Psychologist examiners in April, 1996 to consider the issues raised by three female patients who claimed Dr. Mark D. Stephenson had violated 12 of the American Psychological Association ethical standards in his treatment of them. Dr. Stephenson had developed a theory that some patients suffered because they had a cognitive structure that could be controlled by external parties. If the structure was removed, he hypothesized, the patients would feel better. In his practice he used ideomotor signalling to help his patients discover their controlling structure so that they could remove it. Dr. Stephenson claimed that his Agency Retrieval Process was a type of guided imagery. He agreed that this practice was an intervention and not therapy. The complainants alleged that Dr. Stephenson used his memory retrieval process to retrieve memories involving satanic and sexual abuse which they never had prior to seeing Dr. Stephenson.

Following are some of the conclusions:

(Violation of APA Standard 4.02(a). Informed Consent to

Therapy.) "...Respondent's theory that consent can be implied from the patient's return for therapy is unacceptable in this case. Even if that argument can apply in certain situations, there is no evidence to satisfy the requirement that any of the patients were given significant information concerning respondent's procedures, or that they freely expressed consent."

(Violation of APA Standard 1.07(a). Describing the nature and Results of Psychological Services.) "... information required by this section, including a treatment plan (that is, a plan of therapy, detailing what would be done, and how often, and for what purpose); treatment options; assessment of lethality to self or others; a history of prescription or non-prescription drug use; and a mental health history, including prior hospitalizations or therapy, is absent."

(Violation of Ethical Standard 4.01 (a) and (d). Structuring the Relationship) "... it doesn't appear that any treatment alternatives to hypnotherapy or ideomotor signalling were discussed. There is nothing in the record to indicate that the

patients were aware of how their problems would be approached in therapy, how much time the therapy would take, what would be expected of them, whether the patients' questions were answered, and how and whether the patients were kept informed during therapy."

(Violation of Ethical Standard 1.14. Avoiding Harm.) "Respondent's files do not document that he took reasonable steps to protect any of the com-

plainants from harm, and the harm does not have to be proven, or validated by a mental health professional, in order for a violation to exist; it is the psychologist who must take reasonable steps to avoid harm, regardless of whether a complainant can prove a tort or establish damages in a disciplinary hearing. Although complainants provided genuine testimony that they suffered harm by respondent's treatment, that isn't determinative as to a violation of this ethical standard.

The entire record, not just the respondent's files, is again devoid of any evidence that respondent took any precautions to prevent harm to the three complainants prior to engaging in the therapy which resulted in retrieval of memories, actual or otherwise."

(Violation of Ethical Standard 1.06. Basis for Scientific and Professional Judgments) "Respondent did not have enough scientifically or professionally based knowledge to conclude that the complainants HB and VN had been sexually and satanically abused by members of their families,"

(Violation of Ethical Standard 1.15. Misuse of Psychologists' Influence.) "A licensed psychologist exercises great influence over the life of a patient, and must be acutely aware of the potential for misuse of this power. Respondent encouraged the patients to confront their families concerning their retrieved memories of past abuse, which were discovered during the counseling process. The memories or recollections retrieved during the counseling process of each of the three patients lacked the reliability

Are you a snow bird?

If you change your residence during the summer or winter, it is necessary for you to notify Valerie each time your address changes. Please mail or Fax (215-387-1917) your address change one month in advance to allow time for her to make the change.

necessary to prudently encourage disclosure to others, especially family members, given the predictable emotional upheaval that would follow from such disclosure."

Other comments of interest:

• "Respondent assumed that 'organized' abuse exists, without adequate scientific basis."

• "There was no foundation for the premise that a 'structure' actually exists, yet respondent created a treatment procedure to remove it."

• "Expressed informed consent is necessary for any patient who is treated with this procedure since it is clearly experimental."

Comments about the Canadian Psychiatric Association Statement on Recovered Memories

"Psychiatry sets limits on memory"

(*London Free Press*, May 30, 1996)

"Exercise caution with repressed memories"

(*Medical Post*, June 4, 1996)

In a recent interview with CBC's "As it Happens," CPA President Dr. Diane Watson explains that the CPA statement stems from concern that for some therapists recovered memory therapy becomes not just a technique of therapy but an ideology. "What we want to do," she says, "is inform the public and the counselling profession that this is something that needs to be put into the proper perspective."

Bulletin of Canadian Psychiatric Association,
June 1995, Vol 1 No 3

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June, 1996 POSITION STATEMENT

The Canadian Journal of Psychiatry Vol 41, No 5 305-306 Adult Recovered Memories of Childhood Sexual Abuse

Stella Blackshaw, MD, FRCPC, Praful Chandarana, MBChB, ABPN,
FRCPC, Yvon Garneau, MD, FRCPC, Harold Merskey, DM, FRCPC,
Rebeka Moscarello, MD, FRCPC

This paper was prepared by the Education Council of the Canadian Psychiatric Association, chaired by Dr. Yvon Garneau, and approved by the Board of Directors of the Canadian Psychiatric Association on March 25, 1996.

Background

Sexual abuse of children is a serious and common problem in our society, although exact estimates of its frequency are understandably difficult to obtain. Sexual abuse involves both girls and boys, but all population studies concur in finding that girls are more frequently affected. Broad definitions of sexual abuse include incidents of exhibitionism and touching nongenital areas of the body. More narrow definitions are confined to incidents of unwanted genital touching or penetration by significantly older persons. Until recently, attention to these problems was limited, and their scope was not recognized.

Sexual abuse, like other types of abuse or trauma, is now considered to be a nonspecific risk factor for many psychiatric conditions. These include disorders of anxiety, mood, dissociation, personality, and substance abuse.

Although many sexually abused persons do not become psychiatric patients, studies of inpatient and outpatient psychiatric populations have found a higher than expected incidence of a history of sexual abuse. The psychiatric profession is acutely aware of the need for the prevention of sexual abuse and the treatment of victims.

There are many survivors of childhood sexual abuse. This position statement does not refer to survivors of childhood sexual abuse with continuous memories of their ill-treatment, nor does it deal with individuals who have recovered memories that have been corroborated. Serious concern exists about uncorroborated memories recovered in the course of therapy that is narrowly focussed on the enhancement of memory of what is hypothesized to be repressed sexual abuse. Differences of opinion have emerged about the frequency and the veracity of such recovered memories of sexual abuse, which have also been referred to as part of a "false memory syndrome." A further important concern is that poorly trained or misguided therapists have been urging patients, as a specific part of their therapy, to confront and accuse the alleged perpetrators of the abuse once they have been identified. As a consequence of this type of therapy, members of the patient's family are most often identified and accused. When recovered memories are found to be false, family relationships are unnecessarily and often permanently disrupted. Furthermore, such therapists have been sued for malpractice.

In well-conducted psychotherapy, the focus is on the patient's perceived experience, and a search for proof of the veracity of memories has not been customary. However, when others are publicly accused, especially if legal action is undertaken, the veracity of memory becomes a fundamental issue. The issue then is whether or not recollections of earlier events can be relied upon when they appear after an interval of time (usually years) during which they were not available in consciousness until questions, pressure to recall, suggestions of abuse, or "memory recovery techniques" like hypnosis or narcoanalysis were employed. It is argued that these memories are less reliable than memories that have always been available in consciousness.

Developmental psychology casts doubt upon the reliability of recovered memories from early childhood. The older the child at the time of the event, the more reliable is the memory. Cognitive psychology further finds that memory is an active process of reconstruction that is susceptible to fluctuating external events and to internal effort or drives. If memories of events have not been revisited and cognitively rehearsed in the interval between the occurrence of the events and attention being paid to them some years later, it is not clear that such memories can endure, be accessible, or be reliable.

The controversy over recovered memory has been compounded by certain therapists who use a list of symptoms that are said to indicate the likelihood of individuals having been abused. Common symptoms such as depression, anxiety, anorexia or overeating, poorly explained pains, and other bodily complaints have all been used as proof of alleged sexual abuse. There is no support for such propositions. Psychotherapy based on these assumptions may lead to deleterious effects. Increases in self-injury and suicide attempts have been reported in some patients given recov-

ered memory treatment.

In response to this controversy, at least four separate bodies have issued statements. These include the American Psychiatric Association (December 12, 1993), the Australian Psychological Society Ltd. (Board of Directors, October 1, 1994), the American Psychological Association (November 11, 1994), and the American Medical Association (1994 Annual Meeting). All of these statements recognize and emphasize the seriousness of childhood sexual abuse and of false accusations of childhood sexual abuse. The American Medical Association took the view that it is not yet known how to distinguish true memories from imagined events and that few cases in which adults make accusations of childhood sexual abuse based on recovered memories can be proved or disproved.

The present position statement of the Canadian Psychiatric Association offers brief advice to all members involved in circumstances where recovered memories of sexual abuse play a role. This advice is set out in the form of conclusions and recommendations.

Conclusions and Recommendations

- Sexual abuse at any age is deplorable and unacceptable and should always be given serious attention. All spontaneous reports should be treated with respect and concern and be carefully explored. Psychiatrists must continue to treat patients who report the recollection of childhood sexual abuse, accepting the current limitations of knowledge concerning memory, and maintain an empathic, nonjudgmental, neutral stance.

- Lasting serious effects of trauma at an early age very probably occur, but children who have been sexually abused in early childhood may be too young to accurately identify the event as abusive and to form a permanent explicit memory. Thus, without intervening cognitive rehearsal of memory, such experiences may not be reliably recalled in adult life.

- Reports of recovered memories of sexual abuse may be true, but great caution should be exercised before acceptance in the absence of solid corroboration. Psychiatrists should be aware that excessive emphasis on recovering memories may lead to misdirection of the treatment process and unduly delay appropriate therapeutic measures.

Routine inquiry into past and present experiences of all types of abuse should remain a regular part of psychiatric assessment. Psychiatrists should take particular care, however, to avoid inappropriate use of leading questions, hypnosis, narcoanalysis, or other memory enhancement techniques directed at the production of hypothesized hidden or lost material. This does not preclude traditional supportive psychotherapeutic techniques, based on strengthening coping mechanisms, cognitive psychotherapy, behaviour therapy, or neutrally managed exploratory psychodynamic or psychoanalytic treatment.

Since there are no well-defined symptoms or groups of symptoms that are specific to any type of abuse, symptoms that are said to be typical should not be used as evidence thereof.

- Reports of recovered memories that incriminate others

should be handled with particular care. In clinical practice, an ethical psychiatrist should refrain from taking any side with respect to their use in accusations directed against the family or friends of the patient or against any third party. Confrontation with alleged perpetrators solely for the supposed curative effect of expressing anger should not be encouraged. There is no reliable evidence that such actions are therapeutic. On the contrary, this type of approach may alienate relatives and cause a breakdown of family support. Psychiatrists should continue to protect the best interests of their patients and of their supportive relationships.

- Further education and research in the specific areas of childhood sexual abuse and memory are strongly recommended.

Did you know?

According to *The Public Interest*, 6/ 22/95 There are:

- 45,000 psychiatrists with M.D.s
- 144,000 psychologists with Ph.D.s
- 484,000 masters-level social workers
- 154,000 school counselors
- 189,000 human-service workers—including marriage and family counselors, employee-assistance / geriatric aides
- 1,237 psychiatric hospitals
- 1,674 general hospitals with psychiatric units
- 2,232 outpatient clinics

- Between 1987 and 1991, the cost per employee of the average company's mental-health bill actually doubled.
- In 1990, so dramatic was the increase that Texas Attorney General Dan Morales initiated the first of many state investigations around the country.
- These showed widespread patterns of abuse among the nation's therapists and mental-health hospitals—all aimed at milking insurance policies.
- In 1991, insurance companies started to get a grip on exploding mental-health costs and reduced the number of days they would cover inpatient. They set limits on reimbursements and said some therapies were needlessly time consuming and empirically untested.
- Cigna and Prudential began experimenting with use of databases that compared outcomes. Some corporations moved to managed-care networks.
- National Medical Enterprise collapsed from \$234 million profit in 1991 to \$3 million in 1993.
- In some states managed-care networks reduced average private therapist's income by nearly 50%.
- There has been a move to Christian-based therapy that is less expensive.

* * * *

According to *The Los Angeles Times*, 11/13/94

- An example of how Christian-based therapy is provided can be seen in New Life Treatment Centers (Minirth Meier). It acts as a "contract management company" collecting from the hospitals a portion of what patients and their insurance companies pay. In exchange, New Life manages the psychiatric units and provides non-nursing care.

Letter from Charlotte Vale Allen

Editor's Comment: Several issues ago, a reader wondered why we had not heard from the people who always remembered their abuse? We have. Charlotte Vale Allen, author of one of the very first books about incest, "Daddy's Girl."

Dear FMSF Members,

While I was trying to decide what, specifically, I wanted to say in this letter, I couldn't help thinking that the central issue in my own well-remembered experience of incest was power. I had none, my father had it—at least in that situation—completely. Now, looking at the issue of "recovered memories" what keeps catching my attention is the same issue of power. The "therapists" directing these "recoveries" seem to be playing my father's role: exercising an inordinate degree of power and control over people who, for whatever reason, feel they have none. I find the situation very scary, and absolutely infuriating.

Those of us (and since 1977 I have met with literally thousands of others) who have always been aware of our abuse have spent our time in the aftermath of the experience seeking two things primarily: absolution from any responsibility for having in some unknown fashion brought the abuse upon ourselves, and a degree of power over our own lives. The majority wished to be able to live without self-hatred and to comprehend why this monstrous thing had happened to us. Certainly, many longed to have the truth come out about a problem that had been kept secret for far too long; some, understandably, wanted never to see the abusive parent again; all of us were angry, alienated to some degree, fearful, yet, overall, trying to be optimistic. We wanted our futures and some measure of inner peace. Not once, in the almost ten years years I traveled extensively, speaking out on the subject, did I ever encounter a professional who advocated an individual's complete break from his or her family. Common sense dictated that in most cases it would be disastrous to sever connections with our entire families and, therefore, our composite pasts.

The very notion of assisted "recovered memories" drives me wild. People recover memories every day. A particular perfume, the scent of fresh-mown grass, a toy, a book—countless things can revive something that's rested dormant in a distant corner of our minds for years. Until fairly recently I'd never encountered anyone—man, woman, or child—who'd forgotten being abused. We remembered every bit of it, and had the attendant fears and psychological ties that go along with having lost our right to privacy and to our own bodies.

But in the past couple of years I've started getting calls from people wanting validation for their recovered memories. After all, I wrote the book; I'm the genuine article—an honest-to-god abuse victim who opened a door that had been very firmly closed for far too long. I can offer sisterhood, fraternity, if I'll just

apply my personal stamp of approval to the tales these callers tell with alarming, almost ghoulish, relish. What is this?

A woman I've known for over thirty years who's always been searching for her "gift," for the career move that will finally bring her happiness has now got memories that fill her with purpose. After falling out of touch for a decade, she telephoned to say, in essence, "Guess what? Me, too!" But in the very new tones of tremendous self-importance. This woman who'd never been able to find something to do in life that would bring her any satisfaction was now positively brimming with it. With the help of her therapist, she'd at last found her calling—as a victim!

She had ludicrous, unbelievable tales to tell of satanic abuse—in the heart of one of Toronto's oldest, wealthiest areas. Right! Somehow I couldn't help thinking the neighbors in the flanking houses (built very close together) would have seen or heard *something*. And what about her housewife mother? Wouldn't she have noticed that her work-at-home husband up in the attic studio was performing bestial acts upon their young adopted daughter? And how come school didn't fit into any of this? Didn't she go? She was legally removed as co-executor of her father's (substantial) estate because her brother, also adopted, vehemently denies anything happened and is sickened by her proliferating claims. She was pretty bitter about all of that. But she'll get her inheritance regardless. And there's a happy ending to her ongoing story. At the age of 50-something, she's planning to go back to school to become a therapist, and then she'll be able, at long last, to exercise *her* newfound power.

What is going on? It's as if some sort of collective lunacy has taken hold of people—the patients and therapists, both lockstepped in a march toward finding a past history of abuse at all costs. Victimhood as a desirable status is anathema to me, and to all the others like me who lived in shame for so long because ours was a secret too terrible to reveal. And if we took the risk and told somebody, there was the very real likelihood that we'd be condemned as vicious liars.

Nevertheless, after my father's death (and without ever naming the members of my family) I took it upon myself to reveal the secret in the hope that it would help others. I hate the idea that *Daddy's Girl* might become the equivalent of that underground "cookbook" on how to create home-made bombs. And the only way I know how to prevent that happening is by affiliating myself with a foundation whose work I believe in.

I am in the fairly unique position of having acquired objectivity about my childhood—not then or now do I blame anyone; I believe that my father loved me; and I have never broken contact with my family—and of being fully cognizant of the many, many long-term effects of incest. So, to help, I am committed to speaking out once again in order to try to stop this madness.

Most sincerely,

Charlotte Vale Allen

"My students like to pretend that they had traumatic childhoods so they can write poetry about it. But lots of times they don't even have any real memories. They have to borrow them; they're not even their own memories that they can remember. I'd like to open the Bureau of Recovered Memories and sell memories to people in this country. It's all an indication of the boredom and vacuity that fills people's lives."

Andre Codrescu

Rocky Mountain News March 8, 1995

LEGAL CORNER

FMSF Staff

Maryland Court of Appeals Rules Repressed Memory Claims Insufficient to Extend Statute of Limitations (*Doe, et. al. v. Maskell, et. al.*, 1996 Md. LEXIS 68, dated July 29, 1996)

The Maryland Court of Appeals held that "repression of memories is an insufficient trigger" to justify extension of the statute of limitations for filing civil suits. In so doing, it refused to allow two women who claimed "recovered memories" of longtime sexual abuse by a Roman Catholic priest during their high school days to pursue a \$40 million suit against him and the Archdiocese of Baltimore. The ruling upheld former Baltimore Circuit Judge Hilary D. Caplan's dismissal of the suit following a weeklong hearing in May 1995.¹

The women, identified only as Jane Doe and Jane Roe, accused Father Maskell who served as school chaplain of brutal sexual assault while they attended a Baltimore City Catholic school in the late 1960's and early 1970's. They claimed that they repressed the memories of abuse so that they were "blamelessly ignorant"² of their injuries. Their delayed filing, they said, was due to more than mere "forgetting."

The appellate court considered the conventional definitions of repression and the various forms of arguments against repression concluding that "In crafting a rule we must consider the apparently very real dangers of iatrogenic (therapist created) memories of sexual child abuse." The majority said they tried to find a difference between forgetting and repression of memories, and, in the end, could not distinguish between them legally. The decision, written by Judge Robert L. Karwacki, concluded, "We are unconvinced that repression exists as a phenomenon separate and apart from the normal process of forgetting. Because we find these two processes to be indistinguishable scientifically, it follows that they should be treated the same legally. Therefore, we hold that the mental process of repression of memories of past sexual abuse does not

activate the discovery rule. The plaintiffs' suits are thus barred by the statute of limitations."

Maskell's attorney, J. Michael Lehan, said his client may pursue some action through civil or ecclesiastical courts against the archdiocese. After Doe brought her complaint to the archdiocese in 1992, Maskell

was suspended following an investigation in which church officials said they could not corroborate her allegations.

Rhode Island Supreme Court Overturns Conviction and Orders Retrial in Recovered Memory Case (*State of Rhode Island v. Quattrocchi*, 1996 WL 427875, 1996 R.I. LEXIS 213, dated July 31, 1996)

Providence Journal-Bulletin, (8/1/96) Jonathan Saltzman

Expressing skepticism about criminal cases that hinge on recovered memories, the Rhode Island Supreme Court overturned the 1994 conviction of John Quattrocchi, III, who was serving 40 years for sexual molestation based on recovered memories. In a ruling that establishes guidelines for such cases, the high court ordered Quattrocchi to be retried because the trial court judge failed to hold a preliminary hearing without a jury to determine whether his accuser's "flashbacks" of abuse were reliable.

In its majority opinion, the R.I. Supreme Court reviewed the controversy over "the reliability and admissibility of testimony, expert and otherwise, relating to repressed recollection," but decided not to resolve this controversy. The court did point out that studies show that the psychoanalytic process can lead to a distortion of the truth of events in the subject's past life and that "therapists may unintentionally create narrative truth as opposed to actual truth."³ Based on these findings, the court instructed trial justices in both civil and criminal cases to "exercise a gatekeeping function and hold a preliminary evidentiary hearing outside the presence of the jury in order to determine whether such evidence is reliable and whether the situation is one on which expert testimony is appropriate....The failure to hold such a hearing constitutes error." The hearing under Rule 702 is to follow *State v. Wheeler*, 496 A.2d 1382 (R.I. 1985) and the guidelines provided by *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579, 113 S.Ct. 2786 (1993). The court specifically concluded that cross-examination alone is an insufficient means to determine the reliability of such testimony and is unlikely to lead to the truth.⁴

evidence exists that repression is indeed a separate mechanism from forgetting, or if a claim of repression cannot be distinguished from an event which is forgotten or not thought about, then courts must treat a claim of repression as it would any delay in filing because the plaintiff "forgot." The suit must be dismissed.

1. See *FMSF Newsletter*, July/Aug. 1995.
2. The term "blamelessly ignorant" indicates that the plaintiff, through no fault of his or her own was unable to understand and investigate the alleged wrongdoing. "Repression," it is argued, renders a plaintiff "blamelessly ignorant" because it is posited as an unconscious phenomenon, taken to be beyond the control of the Plaintiff, in a way that mere "forgetting" would not be. It is quite unlikely that any court would extend the statute of limitations indefinitely merely because a plaintiff states that they "forgot" they had reason to sue.
3. Citing Loftus, E.F. (1993) "The reality of repressed memories," *American Psychologist*, 48:5:518-537; Wesson, Historical Truth, Narrative Truth, and Expert Testimony, 60 *Wash.L.Rev.* 331 (1985).
4. Citing *Pritzlaff v. Archdiocese of Milwaukee*, 194 Wis.2d 302, 533 N.W.2d 780 (1995) and *State v. Cressey*, 137 N.H. 402, 628 A.2d 696 (1993).

This issue has been raised recently in several cases where the reliability and admissibility of repressed memories have been challenged. Some plaintiffs have argued that repression is, in some ways, similar to normal memory and forgetting. Since courts do not limit admissibility of testimony based on normal recollections, admissibility of repressed memory testimony should not be limited either. This court countered that view by stating that if no reliable

The court also ruled that evidence of uncharged sexual encounters was prejudicial, "This evidence was of such extreme prejudice that no curative instruction would have been adequate to overcome or even to palliate its effect."

It is now up to state Attorney General Jeffrey Pine whether to retry Quattrocchi.

Rhode Island Supreme Court Instructs Trial Courts to Hold Evidentiary Hearings in Repressed Memory Cases Kelly, et al. v. Marcantonio, et al., Heroux, et al., v. Carpentier, et al., 1996 R.I. LEXIS 187, July 11, 1996⁵

The Rhode Island Supreme Court recently gave the responsibility of determining the reliability and validity of claims based on repressed recollections to individual trial courts. The court set out a number of stringent hurdles a repressed recollection claim must pass in order to be found "scientifically accepted and valid," and to qualify as "unsound mind"⁶ thereby extending the statute of limitations under RI Statute 9-1-19.

The ruling came in response to four certified questions based on litigation from over 20 lawsuits pending in state and federal courts brought by 42 plaintiffs against 9 priests for alleged sexual molestation dating back 20-30 years. Some plaintiffs claimed "recovered memories." Others claimed a delayed understanding of injuries resulting from incidents that were always remembered. Perhaps because of the wide range of claims represented by these lawsuits, the RI Supreme Court declined to issue a blanket dismissal—or acceptance—of all the claims. Instead the high court determined that each trial judge was in the "best position to decide."

The burden on the trial judge is considerable. Specifically, the trial justice, after "hearing and considering expert medical and scientific evidence and opinion" and a "review of the entire scientific theory of repressed recollection and the scientific method through which such recollections are recovered,"⁷ is to determine whether the specific "repressed recollection" is "sufficiently relevant, reliable, and scientifically and/or medically established" so as to constitute "unsound mind," and thus extend the statute of limitations.

The court described in detail four possible conclusions that a trial court might reach; only one of which would allow the suit to go forward:

5. See FMSF amicus curiae brief, Publication #803.

6. The R.I. Supreme Court did not specifically define the term "unsound mind." However, in a 1993 case, Miller v. Rhode Island Hospital, 625 A.2d 778, 875 (R.I. 1993), the court had referred to the "inability to govern one's self and manage one's...affairs."

7. Trial courts are instructed to follow State v. Wheeler, 496 A.2d 1382 (R.I. 1985). The court acknowledged that "the theory or principle of repressed recollection is one that figures prominently in legal, scientific, and medical debate" and cited a long list of sources to be reviewed by the trial judge.

First, the trial court must determine whether the theory of repressed recollection constitutes a "scientifically accepted and valid theory." If it does not, the plaintiff's claim can have no basis and the suit is dismissed. If the theory were to be shown as "scientifically accepted and valid," but the plaintiff did not prove that she actually repressed a recollection, the case is dismissed. Third, if the theory is found "scientifically accepted and valid," but the evidence does not show plaintiff to be of "unsound mind," the suit is dismissed. Only if the trial court finds the theory "scientifically accepted and valid" and evidence shows plaintiff to be of "unsound mind," may the claim be brought until within 3 years after "the unsound mind disability ends and the repressed recollections are recovered."

The Rhode Island Supreme Court also held that the Rhode Island "discovery rule," G.L. § 9-1-51, applies only to the person actually alleged to have committed the abuse, and not to other persons in supervisory roles. A suit may be filed against so-called non-perpetrator defendants three years after the alleged incident occurred (under G.L. § 9-1-14(b)) or after the victim reaches adulthood (under G.L. § 9-1-19). The court also ruled that the current 7-year statute of limitations period cannot be applied retroactively to suits filed before July 26, 1993.

Pennsylvania Superior Court Orders Retrial in Repressed Memory Claim

Commonwealth of Pennsylvania v. Crawford, 1996 Pa. Super. LEXIS 2507, Superior Court of Penn., July 30, 1996.

The Pennsylvania Superior Court reversed a murder conviction and ordered a new trial in a case that was supported only by 20-year-old repressed memory claims of a witness who was 17 at the time. The court ruled that because the Commonwealth was allowed to present an expert who testified regarding the recalled repressed memory of the witness, it was error to exclude the testimony of a defense witness.

The defense psychiatrist would have testified that the alcohol and hallucinogens taken by the witness could disturb his memory and cause hallucinatory activity once he became convinced of a mistaken belief. The expert also characterized the witness' character as naive impressionability that would be vulnerable to repressed fantasies and that he would be likely to take the fantasies seriously.

The Superior Court stated that this case did not specifically raise the issue of whether the repressed memory testimony of the witness was admissible, but did state that, "the trial court initially should have analyzed whether, in Pennsylvania, the admission of the revived repressed memory testimony was appropriate."

The court noted that the theory of repressed memories is "widely debated and many are critical of the theory." It is not a subject juries are normally familiar with or able to "draw conclusions as to its accuracy or credibility" without the assistance of expert testimony. The court concluded by listing many issues that an expert could explain to a jury if repressed memory testimony by a witness were admitted.

Arizona Appeals Court Affirms Dismissal of Repressed Memory Case

Doe v. Roe, 1996 Ariz. App. LEXIS 169, Aug. 8, 1996

The Arizona Appeals Court affirmed dismissal of a repressed memory claim. The court found that a plaintiff who claimed she was of "unsound mind" due to repression of memories of childhood sexual abuse by her father could not extend the statute of limitations under the disability exception. Evidence showed that she was "able to function on a day-to-day basis and manage ordinary affairs" and understand her legal rights during the period she claimed to be of "unsound mind." Plaintiff had, for example, worked as a stock trader and was promoted to a vice president position during that time.

The court, however, agreed that "the discovery rule applies to cases of repressed memory alleged to arise from childhood sexual abuse." In this case, the court rejected the plaintiff's argument that the statute of limitations should be extended until she was "able to accept [the recovered memories] as true after extensive therapy." The court said that with this argument, the plaintiff, is in effect, creating an additional category of "unsound mind." The court held that the statute of limitations begins to run when a person knows enough facts to prompt a reasonable person to investigate and does not wait for a person to know all facts about their claim.⁸

The majority also rejected, under most circumstances, the dissenting opinion's proposal to permit a plaintiff to sue, presumably in separate actions if she so chose, each time she experienced a new recovered memory of a specific incident of childhood abuse. The majority argued that this interpretation would, in effect, extend the statute of limitations for "an indefinite and unascertainable term." The majority concluded that such a change, if it is to be made, must come from the legislature.

Alabama Supreme Court Rules that Repressed Memory Claims Do Not Extend Statute of Limitations Under Disability Exception

Travis v. Ziter, 1996 WL 390629, 1996 Ala. LEXIS 180, July 12, 1996.

The Alabama Supreme Court ruled that alleged repressed memories do not qualify as a disability⁹ to extend the statute of limitations. After a review of the literature regarding repressed memories, the court concluded, "there is no consensus of scientific thought in support of the repressed memory theory." The court emphasized that no court which addressed "the speculative nature of the repressed memory theory" allowed the issue to be decided by the jury.¹⁰ The court referred to the important public

policy goals behind statutes of limitations and wrote, "If this Court accepted [repressed memories] as constituting 'insanity,' then plaintiffs...would be in subjective control of the limitations period and would be able to assert stale claims without sufficient justification or sufficient guarantees of accurate fact-finding."

Malpractice Suit Settled Out of Court

Heusted v. DeGroot, et al., Superior Court, Santa Barbara Co., Calif., No. 204645.¹¹

A malpractice suit filed against MFCC Reatha DeGroot was recently settled out of court for a reported \$90,000. The suit, filed in 1995, alleged that DeGroot had led Heusted to falsely believe she had been molested as a child. DeGroot and the other defendants were charged with professional malpractice, negligent treatment, and fraudulently representing to Heusted that she had MPD as a result of repressed memories of childhood sexual abuse and SRA. The complaint stated that as the therapy continued, Heusted's condition deteriorated. DeGroot was employed by the Santa Barbara Dept. of Mental Health Services which, the suit claimed, enabled DeGroot to continue therapy malpractice. The department no longer provides recovered memory therapy.

Another Malpractice Suit is Settled

(Carl v. Peterson, Spring Shadows Glen Psychiatric Hosp., et al.), U.S. Dist. Ct., Southern Dist., Texas, Case No. H-95-661)¹²

The final defendants in a malpractice suit filed against psychologist Judith Peterson, Spring Shadows Glen Hospital and at least 23 other mental health practitioners and businesses settled on July 1, 1996 for an undisclosed sum under a confidentiality agreement. Some of the defendants had settled out-of-court earlier this year.

The suit, filed by Lynn Carl, originally sought \$18 million for misdiagnosis of MPD and SRA and instructing Carl to report herself to the police as a child abuser- even though she had no memory of ever abusing her own children. Carl has recently reconciled with her husband and children.

According to *The Houston Chronicle*, 2/4/96, at least eight former patients of Houston psychologist Judith Peterson have sued her in district courts for coercion and the use of hypnosis and drugs to plant false memories of satanic ritual abuse. Peterson, who has denied all allegations of professional or ethical impropriety, has reached out-of-court settlements with at least five former patients. Terms of the settlements are confidential. At least five complaints against Peterson have been filed with the state psychology board by former patients and nurses. Spring Shadows Glen hospital in Houston and its Dissociative Disorders Unit were shut down by the state of Texas in 1992.

8. Citing Franke v. Geyer, 209 Ill. App.3d 1009, 568 N.E.2d 931 (Ill. App. 1991); Byrne v. Becker, 176 Wis.2d 1037, 501 N.W.2d 402 (Wis. 1993). See also, *FMSF Newsletter*, June 1996 for a discussion of this issue.

9. under Ala. Code 1975, § 6-2-8.

10. Citing Lemmerman v. Fealk, 534 N.W.2d 695 (Mich. 1995); Lovelace v. Keohane, 831 P.2d 624 (Okla. 1992); Burpee v.

Burpee, 1252 Misc.2d 466 (N.Y.S. 1991).

11. See *FMSF Brief Bank #74*.

12. See *FMSF Newsletters*, March 1995.

Therapist Defendant Settles Out of Court in Third Party Suit (*Fultz v. Carr and Walker*, Circuit Ct., Multnomah Co., Oregon, No. 9506-04080)¹³

In Portland, Oregon, the Fultz family has settled their case against Dr. Chyril Walker, one of the two defendants in the case, for \$1,150,000. The case against Dr. Sophia Carr is scheduled for trial on September 30, 1996.

Jennifer Fultz, her husband Kevin Fultz, their two children, and Kevin's parents have sued two psychologists, Dr. Sophia Carr and Dr. Chyril Walker, in a case involving recovered memories. Plaintiffs alleged that Dr. Walker misdiagnosed the children as suffering from ritual abuse at the hands of their father, their grandparents, and the satanic cult to which the family allegedly belonged.

Jennifer Fultz was seen in therapy by Dr. Carr for three years. Jennifer and the other plaintiffs allege that Dr. Carr implanted in Jennifer the belief that she and her children had been ritually abused by her family and their cult.

On July 11, 1996, the court heard motions regarding whether the plaintiffs would be able to conduct discovery into Dr. Carr's personal life. Plaintiffs argued that Dr. Carr's personal life was subject to discovery because Dr. Carr had disclosed personal facts to Jennifer during therapy and there was extrinsic evidence which corroborated plaintiff's account. Dr. Carr had announced in a local television show that she had been a survivor of satanic ritual abuse. During the years of therapy with Ms. Fultz, Dr. Carr was telling a local police officer that she was being harassed by the cult, which included her own family. Dr. Carr's attorneys argued that plaintiffs should be prohibited from discovery into personal matters. The judge ordered Dr. Carr to answer deposition questions regarding her personal life, including the television disclosure and the complaints to the police officer. He also ruled that she produce documents she faxed to the police officer. He further ruled that plaintiffs could inquire regarding whether Dr. Carr had been sexually abused to the extent that Dr. Carr had disclosed incidents of abuse in therapy.

Jennifer Fultz is represented by J. Michael Dwyer of Portland. Kevin Fultz, the children, and Kevin's parents are represented by Michael Shinn of Portland.

Court Rules Therapist Did Owe Duty to Third Party Parents

Althaus, et. al. v. Cohen, et. al., Court of Common Pleas, Allegheny County, Penn., No. GD 92-20893, Opinion dated May 28, 1996.¹⁴

In a strongly worded Opinion and Order, Judge James H. McLean denied all Post Trial Motions brought by defendants Judith A. Cohen and the clinic that treated Nicole Althaus in 1991. The defendants sought reconsideration of rulings in a 1994 malpractice suit.

In Dec. 1994, following a three-week long jury trial, dozens of witnesses, and an abundance of motions, objections and evidentiary rulings, a jury had awarded

Nicole Althaus and her parents more than \$272,000 in compensatory damages for failure to properly diagnose Nicole and encouraging her to believe that she had been sexually and ritually abused by her parents. Judge McLean, referring to the record, described Nicole's memories as becoming "progressively more outlandish" and noted that despite many apparent inconsistencies in Nicole's stories, her credibility was never challenged by Dr. Cohen. Dr. Cohen also refused input from other family members and professionals who knew the family.

On reconsideration of whether a duty was owed a third party, Judge McLean referred to a growing recognition of a "broader duty of care" in Pennsylvania courts, and cited, among others, *Tuman v. Genesis Assoc.*, 894 F.Supp. 183 (E.D. Pa. 1995). He concluded that, "under the bizarre and troubling facts of this case, Pennsylvania law does point to the existence of such a duty, and the facts adduced at trial clearly delineate its breach....Expert testimony demonstrates overwhelmingly that Cohen deviated from that standard" of care. Nor did the court find any evidence of contributory negligence on the part of either the parents or Nicole. Judge McLean stated that precisely because of Nicole's state of mind at the time, he could not accept the defendants' implication that they were entitled to take Nicole's statements at face value. After detailing his reasons for rejecting the numerous additional motions, Judge McLean concluded, "The jury in this case showed a remarkable degree of tolerance, good nature and attentiveness. Their principled decision is based on sound evidence of record and should not be disturbed."

Church, Therapist Sued for \$12 Million; Family Says False Memories of Abuse were Planted during Counseling Sessions

Springfield News-Leader, Aug. 4, 1996, Ron Davis

A Missouri family is suing a therapist and the church where she worked for planting false memories of childhood sexual abuse in the mind of the family's eldest daughter.¹⁵ Tom and Joyce Rutherford, their daughter Beth, and two other children say counselor Donna Strand is guilty of malpractice, negligence and defamation. The complaint alleges that Strand's treatment convinced Beth that her father, an Assemblies of God minister, repeatedly raped and sodomized her as a child. She believed that she underwent numerous forced abortions. But, Beth was a virgin, according to a medical report.

When the allegations were made public, Tom Rutherford was fired from his job and lost his ministerial credentials. Attorney for the Rutherfords is Sidney Willens of Kansas City.

Father, Son Sue Therapist in 'Repressed Memories' Case; Lawsuit Challenges Therapist's Treatment

Des Moines Register, June 10, 1996, Dan Eggen

Early in June, an Iowa man and his young son sued a Des Moines therapist and psychiatric clinic, alleging that their ex-wife and mother had been subjected to "false

13. See *FMSF Newsletter*, June 1996 and Brief Bank #72.

14. See *FMSF Newsletter*, Dec. 1994 and Brief Bank #2.

15. See *FMSF Brief Bank* #109.

memories" of ritual Satanism and abuse. The suit states that, as a result of the treatment by Anita Jordan, the woman abandoned her family. The woman sought treatment for depression after her family's home was deluged by record floods in 1993. According to the complaint, Jordan misrepresented her credentials and expertise as a counselor and "sexologist" and used hypnosis, but was not qualified to render hypnosis or memory-recovery therapy.

The complaint, filed in District Court, Polk Co., Iowa, seeks compensation, punitive damages and legal costs under the following theories: professional negligence, fraudulent misrepresentation, public nuisance, intentional infliction of emotional distress, failure to obtain informed consent and negligent hiring. The plaintiffs are identified only by initials: the father, RMH and his minor son, JAH. They are represented by Fort Dodge attorney, Janece Valentine.

Court Imposes Sanctions against Father Who Made a False Allegation of Child Abuse

Anne Arundel County, Maryland Circuit Court Judge Lawrence H. Rushworth recently awarded sanctions against a father who made a false accusation of sexual child abuse against an acquaintance of the mother in the matter of William L. Sapp, III v. Robert V. Hansen, Case No. C-93-9528-OT. The award was the culmination of litigation that lasted 3 years.

The court found as a matter of fact that Mr. Hansen's minor child Alex "had never been abused by Mr. Sapp and that Mr. Hansen had made a false accusation of abuse to further his own agenda in an on-going divorce case." The court expressed skepticism of Mr. Hansen's claim that he suspected Alex was being abused from May to December 1992, but yet he did not inform the police, the Dept. of Social Services, Alex's pediatrician, the mother, grandparents or anyone else. The judge also noted in his opinion that Mr. Hansen was unable to provide any answers to pointed questions that Mr. Sapp had asked about the specifics of the purported abuse.

Mr. Hansen entered an appeal to the Maryland Court of Special Appeals last month. A decision is expected in the spring of 1997.

Repressed Memory Case Won't be Tried Again

The New York Times, July 3, 1996

Prosecutors have decided not to retry George Franklin, Sr. Mr. Franklin had been convicted in 1990 of a 20-year-old murder after his daughter testified that she had suddenly remembered the murder.

San Mateo County prosecutors had planned to retry Mr. Franklin after his conviction was overturned last year. However, the recent disclosure that Mr. Franklin's daughter, Eileen, had been hypnotized before she testified has virtually ruled out her testimony.¹⁶ District Attorney James Fox said, "It just creates a case where we don't believe we're going to be able to meet our burden of proof."

Minister is Released in Child-Abuse Case

The New York Times, July 12, 1996, David Stout

Rev. Nathaniel T. Grady was released from prison after 10 years behind bars for child-abuse crimes he swears never happened. His release followed a ruling by the Southern District Ct., New York that he be given a new appeal because he had been inadequately represented on earlier appeals. Rev. Grady was convicted in 1986 of sexual abuse involving children at a day-care center in his church. A 3-year-old told his parents about "a robber" who abused him at nap time. Although the FBI videotaped over 640 hours in the day care center but recorded no instances of abuse, Rev. Grady and four others were tried. During the trial, all the children had trouble picking out Mr. Grady. In fact, one child pointed to the judge as the abuser. Joel B. Rudin, the lawyer representing Grady, said that he believed that prosecutors had gone too far in coaxing wild stories out of children too young to appreciate what they were saying. All four other defendants have since had their convictions overturned.

Judge Frees 2 Couples Imprisoned 14 Years in Child Molestation Case

San Diego Union-Tribune Aug. 14, 1996

Two couples will be freed from prison following dismissal of their convictions of child molestation because authorities repeatedly asked the children leading questions thereby tainting their testimony. Scott and Brenda Kniffen and Alvin and Deborah McCuan will not be retried because so many years have passed and because two Kniffen boys now say they were not molested.

In the Kern County Superior Court ruling, Judge Jon Stuebbe wrote, "It is apparent to this court that the result of the interviewing techniques used in this case was to render fundamentally unreliable the children's testimony at trial." This included "telling the child reports of abuse would help their parents and they could all go home and live together again."

These families are two of several who were prosecuted for sexual molestation in Kern County in the 1980's and have since had their convictions overturned.

LEGAL ARTICLES AVAILABLE

#806 "FMSF Amicus Curiae Brief filed in the case, Knodel v. Hartmann. Reviews the scientific literature regarding "repressed memory" and recent decisions concerned with the reliability of such claims. \$20.00

#830 "Brief Bank Index—Listing of 110 repressed memory and malpractice cases." Pleadings include motions, deposition testimony, interrogatories, and unpublished decisions. \$10.00

#833 FMSF Legal Survey: "Suits Against Therapists" Summarizes 30 malpractice suits against mental health care workers brought by former patients or third parties which have been reported in the media. \$2.00

(Minimum order of \$25.00 for credit card purchase.)

16. See FMSF Brief Bank #52.

*When bad men combine, the good must associate;
else they will fall one by one, an unpitied sacrifice in
a contemptible struggle.*

Edmund Burke

Thoughts on the Cause of the Present Discontent Vol. I. p. 526.

MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 17,000 have reported similar experiences. Together we have made a difference. How did this happen?

California: A family read an article in *The Modesto Bee* on the "Unfortunate Franklin case," that made some important points: (1) "repressed memory" is a tenuous thread for a criminal prosecution and (2) prosecutorial enthusiasm for repressed memory as core evidence in criminal cases seems to be waning. That was a springboard for a letter to the editor. The letter to the editor of the *Modesto Bee*, in turn, prompted a page one article. The article then prompted radio stations to pick up the story. Never underestimate the power of your letters!

Michigan: I am a new member. Thank you for the suggestion found in a back issue of one of your newsletters about donating the book *Confabulations* to your local library. I noticed my library did not have this book. I lost my only sibling, a brother to FMS in 1992. As the years go by both his birthdays and holidays are becoming increasingly painful. I will be donating the book *Confabulations* to a library on his birthday and at Christmas. This will give me a way to remember him. I will also enclose a note when donating the aforementioned book, telling the librarian that this book is about False Memory Syndrome.

Missouri: The Joint Commission on Accreditation of Healthcare Organizations is the chief accreditation agency of hospitals and treatment centers. Hospitals need certification in order to receive Medicare and Medicaid reimbursement. During the triennial survey for accreditation, consumers and the public have an opportunity to present information to the Joint Commission about non-compliance with the Commission's standards of care, including the rights of patients and their families. This is initiated by a request to the hospital or the Commission for a public information interview.

The Joint Commission requires that hospitals post pub-

FREE LIBRARY DISPLAYS are now available through SIRS Publishers. Call 1-800-232-7477. This is an attractive and positive way to inform people about the many new books that are now available about false memories and the devastating effects this is having on families.

lic notice of the survey four weeks prior to the inspection. If anyone inquires about the survey, hospitals must inform them of the date. Requests for a public information interview must be made in writing and reach the Commission at least two working days before the survey begins. Address requests to:

Joint Commission on Accreditation of Healthcare
Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

This is an opportunity to be heard if someone has been treated inappropriately or harmed in an inpatient recovery program. Complaints also serve to alert the Commission to incompetent, unsafe practices in the mental health field.

Please remember to send FMS-related clippings from your newspapers, magazines, etc. or articles to FMSF, Philadelphia, Pennsylvania. Don't forget to include the source and date of the article. Thank you.

Send your ideas to Katie Spanuello c/o FMSF.

FROM OUR READERS

Brother Falsely Accuses Sister

It all started in the early 1990's, perhaps 1990 or 1991. My sister-in-law entered therapy and during that time period she accused her father of severe sexual abuse.

In early 1992 my brother started behaving in a very hostile manner toward me. He was also in therapy. During this time period my Dad became terminally ill. The more debilitated my Dad became the angrier my brother became toward me.

My brother seemed to work himself into a frenzy of anger until finally, during the summer of 1992, he falsely accused me in very graphic and vivid detail of approaching him sexually. The vivid and animated nature of his false accusations always bothered me until I realized that they were a scene right out of *Courage to Heal*. About one month after "the confrontation" and "the cutoff" my Dad died.

Perhaps it should be noted here that in one of his letters he said his memories were recovered six months prior to his "confrontation." I honestly thought my brother had lost his mind. I regret that I did not know about FMS then. My husband was told he was in denial. My husband responded that he could not deny something which had never taken place.

At this point my brother changed his story and said he had always remembered the memories. I contacted a former girlfriend who knew him during the time period directly following his memories and she had no knowledge of his memories and was shocked and stunned.

That summer of 1992, when both my sister-in-law's father and I were accused, I often wondered how he was holding up. In the fall of 1992 my sister-in-law's father hung himself.

After two years of sleepless nights I started having

blinding, incapacitating headaches. It was at this point that I sought help from a MATURE therapist. She advised me when my headaches were first starting to write down everything I was feeling about my brother and to hold nothing back in my writings. She called this my "brother journal." My feelings were of intense anger at the injustice of being falsely accused and having been left no opportunity for dialogue. Miraculously my headaches lifted and I could function again.

It should also be noted that I attempted a reconciliation with my brother. His response to this was to leave the state and change careers. He says we are "radically polarized" on many issues.

My Dad and I were always close. My Dad was my anchor. Perhaps this is the source of my brother's anger towards me.

A Sister

P.S. My brother, when falsely accusing me through "the letter," said he would take these accusations with him to his grave.

It's Hard to Remember

It is hard now to remember the terrible anger and deep resentment I felt so often just a short time ago. I think now our relationship with our daughter and family will continue to grow in warmth and renewed love. Our daughter has written specifically to my husband of her family's desire to enjoy my husband's company. As we rejoice in our renewed contact, I still feel apprehension for the future of our whole family. Our returning daughter and one of her sisters still barely speak. But compared to a year ago, there has been such tremendous growth in family unity that perhaps eventually this rift too will be healed. We never could have gotten this far without all of you at the Foundation. I could not have survived the sorrow I felt for the last few years. Thank you from the bottom of my heart.

A Mom

Reconciliation with Your Daughter: Excerpts from the Indiana Conference

The first question that is always asked is just how do you reach your daughter. Make an all out personal campaign to get information about false memories to any and everybody your daughter has contact with. Send information to her relatives or in-laws, her co-workers, teachers, neighbors, and friends. Get FMS information in any library your daughter may visit.

One retractor said she had gone into the library looking for information on "false memory syndrome" and could not find any.

Don't be afraid to send your daughter information. Will it make her mad? You bet your boots it will. What is she going to do? Not talk to you? Make more rules? Someday she may realize you cared enough to send her information. One day she may pick it up and say, "Wow, that's me they are talking about." At least send a post card.

Do not close the doors to your daughter. There is no way to know how hard your daughter has tried to resist the therapist's suggestions or how much she has even doubted her own memories. Your daughter's therapist has an answer and excuse for everything; and interprets things anyway he wants.

As hard as it may be to believe, one retractor said that it never occurred to her that her parents were heartbroken. The therapist had painted a picture of her parents as angry perpetrators—angry because the big secret had been found out. In the article "First of all do no harm," the retractor therapist said she had never considered what the parents were going through.

Don't get upset with the wrong person. Don't blame your daughter for all the grief that has been wrought. Blame Recovered Memory Therapy!

Don't ask your daughter why she fell for the brainwashing of the therapist. She will not know why. Only after she starts to heal and learns more about the false memory syndrome will she begin to understand what has happened. When your daughter starts the process of returning she may still have only bad memories of her childhood. Be patient, the good memories will return.

Your daughter will need a lot of encouragement and support. Listen to her stories even if it hurts. She needs you and other compassionate friends to listen to her or just to hold her while she cries. Don't deny your daughter the opportunity of talking about her ordeal.

Try not to talk about the grief you went through; your daughter may already be carrying around a tremendous amount of guilt.

The best medicine for your daughter is to spend time with her parents and family. Too many parents want to work out all the details or have a complete retraction and apology before contact. If we had done that, we might not have our daughter back. Welcome her with open arms.

Remember: Mediation is a process. Returning is a process. Reconciliation is a process.

Mom of a Retractor

BEFORE THERAPY

Now that I am a mother, I can see all the little ways in which I hurt you and how we misunderstood each other. I have been thoughtless to a terrible fault. I wish I knew how to make up all this to you. Please forgive me for any pain I have been in the past....I want you to come here and meet me and see my new life. Please come soon. I have so much to show you and I do miss you.

Much love from us all.

AFTER THERAPY

Last May I started having memories of being sexually abused: first by you, then by you and my father together. How dare you do such things to a sweet little girl who so wanted to be loved and protected? You made me kiss both of you good-night and you did these horrible things to me...How could a mother hurt her child this way again and again? ...I want a written reply to this letter. Do not come here or call me or my family. This is not a secret any more. It will not go away.

Good-bye to Our Daughter

Dear "H,"

I am writing this to wish you a Happy 40th Birthday. For a normal family, one that has not been destroyed by bad therapy, this would be a special occasion. In our case, it will just be a day for your mother and me to remember all of the happy times we had together when you were growing up and after you first had children. These we will have always. We will never forgive the profession for what it did to you.

So you won't be shocked when the time comes, we have set up a trust to provide for our grandchildren when they reach adulthood. The only stipulation is that they view some videos and read some articles that present our side of this tragedy.

We have always loved you and were proud of you. We could not have asked for more than you were—a sharp mind, an engaging personality, a loving person who was in turn loved by many friends.

We have fought for you in the only way we have known how, and we will continue to do so—if for no other reason than to help others. I hope that you enjoy your birthday. Who knows, someday we may meet and be a family again. I'll always love you

Your Dad

Dear "H,"

Forty years ago today you came into this world. So tiny. Over the next twenty years we had our ups and downs. I made a ton of mistakes, mistakes I can't change or take back, mistakes I have apologized for and for which I thought I was forgiven. Then out of the blue when you were 33, we parted ways. You chose a world full of the horrors of abuse and satanism. I chose this world that until then we had shared. How could you believe such horrors of me? How dare you? I am not a satanist. Even though you seem to want to resume contact with us, I cannot be in your life if you believe that I am capable of the horrors you imagine.

I will love you and your children until I die. But I can no longer live with this pain; so even though my heart is breaking, I am saying goodbye to you. I wish you happiness and health and all that you ever want life to be, but I will not be a part of your life any longer under this cloud.

I hope the grandchildren will want to see us someday when they are older. We are leaving tapes and information for them if we die before that time, however.

Goodbye, my daughter. Thank you for the 33 years of happiness that you gave. I will live what remains of my life with that memory and not the pain of the last seven years. You will always be my daughter. You will always be a cherished memory. Love always.

Mom

A Question

Your May issue runs a letter from "A Retractor" on page 16. It is heartwarming, but useless as hope for estranged parents. The retractor says that, in therapy, there's "no sense of reality outside the therapist's belief and support." How in heaven's name did Retractor break loose: Did someone intervene?

A Mother

One Answer

My name is Kimberly Mark. I want to inform you that my family, friends and I have struggled through a senseless illness. Five years ago I started seeing a hypnotherapist for chest pains. Within a visit or two, the hypnotherapist had escalated to "recovered memory" therapy. Over the next two years an MFCC and a psychiatrist also became involved in my treatment. My physical and mental well-being seriously deteriorated. I supposedly developed 269 different personalities; I did develop anorexia; I did show dissociative behavior; and I did exhibit a few other mental illnesses. I eventually deteriorated to the point where I weighed only 72 pounds and had to be hospitalized in a psychiatric ward. I haven't been the same since.

For almost a year after I stopped going to the hypnotherapist, my husband and I still didn't have a clear idea of what was wrong and where to go for competent professional help. Finally a friend suggested we read an article about "recovered memories" in *Time* magazine. That prompted us to get in touch with the False Memory Syndrome Foundation. They in turn referred us to people with similar experiences and who were recovering. Shortly after than my husband and I found two absolutely wonderful doctors in Monterey that I am currently still seeing. I have made a tremendous recovery, although I still have a way to go.

Obviously, the whole point of this letter is to serve as a warning to people considering undergoing hypnotherapy. I didn't go into a lot of detail about how horrifying, terrible and traumatic this type of treatment is but experiencing abuse through hypnosis is just as painful as the real thing. I hope that anyone who reads this will re-examine exactly why they think they need hypnotherapy and will fully and completely check out the hypnotherapist's credentials and beliefs regarding "recovered memories."

The Clouds Disperse

The clouds of gloom and horror have begun to disperse. Our daughter left her husband (who also accused his parents) and began to live on her own. It was then that I began a campaign to reconnect with her and finally got her to talk to me when I called to tell her of her mother-in-law's death which she had not known about. This conversation which lasted about 5 minutes was followed by several angry phone calls in which I was accused of not respecting her space, etc. In January she began to calm down and we began to talk weekly and continue to do so.

A Mom

Obituary Question

Lately I have been wondering how accused parents are handling the names of their estranged children and grandchildren in their obituary. (That gives you some idea of how much hope we have for retraction or reconciliation!) The most satisfactory thing we have come up with so far is to name the ones who are still a part of our lives and then simply add "other members have been lost to the 'recovered memory' craze." What are other families doing?

A Mom

FMS in Sweden

Founding of a Swedish FMS Society On May 4, 1996 fifteen Swedish families met in Stockholm and decided to found a Society: "Families against False Incest Memories," shortened to FIM. They represent families who were accused two to six years ago. A group of four (a neurologist, a general physician, a nurse and an editor) was elected as the Working Party. One of the primary goals of the Society is to meet representatives of three official boards to inform them about the FMS in Sweden: 1) the government Social Board that acts in the field of incest has recommended the book *The Courage to Heal*; 2) the Society of Swedish Psychologists, has started a group for incest matters and wishes to know names of legal therapists involved in FMS accusations and 3) the Society for Swedish Psychiatrists, who see this "incest wave" as a kind of "induced paranoia."

Media In February 1995, the Government Radio Channel aired a program about the horror caused by FMS. In March 1995, commercial TV aired a program about incest based only on verbal statements of a person who "recovered memories" with a therapist in San Diego. This program was a violation of the rules for TV because of the smear of persons who could be identified and the lack of objectivity of the program. In September this program was condemned by the Government Council for Supervision of Radio and TV. In the fall of 1995, there were several articles in a major Swedish newspaper about the unreliability of recovered memories.

In 1996, there were two major television programs. One was a showing of the US Frontline program. The other was about falsely imprisoned men accused of incest who were now being cleared. These programs generated many newspaper articles.

In April of 1996, the first general Swedish book about FMS was published. Using 40 case histories, journalist Lilian Ohrstrom discussed parallels to the witch-hunts of the 16th century. Paul Svensson, a lawyer, published a book about the way in which sexual abuse cases are handled by Swedish courts. And Max Scharnberg has published a two-volume book entitled, *A scientific approach for assessing cases of sexual abuse*.

FMS Activities in Sweden Sweden is a small country with very strong activity for equality between sexes, equal advancement, salaries and civil rights. We have a growing feminist movement that has worked for these issues, but also has some extremists.

The new activities against therapy-induced FMS and the freeing of accused males has influenced public opinion. Incest accusations based on FMS are now questioned. Experts in law predict that within a few years there will be 4 to 5 men a year released from prison because of false accusations. This is a high level of failure by the legal forces. One case in ten years could be accepted in Sweden.

Videotapes of presentations at family meetings and at FMSF sponsored conferences are available to members of the FMS Foundation for the cost of the tape and postage. These are only available prepaid. If you would like a list and description of the tapes that are available, send a stamped self-addressed envelope to the FMSF Office. Be sure to say that you would like the FMSF conference video list.

In 1996, the Swedish Psychological Society started a working group to see what failures have been made by psychologists and licensed therapists. In June of this year, the Swedish Society for Civil Rights and Against Injustice was formed. That group is working to help people who suffer from injustice, to assure the rights of families against authorities and to conduct studies about abuse.

A Dark Shadow

It is three years since I wrote to you about my eldest daughter who, after 40 years, accused her father of raping her when she was five years old. Since then she has been denounced by her two sisters. Only one of her sisters has had any communication with her—talking on the phone once in a while. When this sister told her that her memories of many things seemed distorted, the accuser said that the phone calls should stop.

Last August my husband died. He had requested that our accusing daughter be sent a copy of his obituary. When she received the obituary, she called her sister and told her that she felt a victim because no one had contacted her about the death. Did she forget that she had been told months before by my sister that her father was terminal?

Since 1993 I have had no contact with my daughter and will not until she recants. Unlike most of your correspondents to the Newsletter, I have no desire to see her or speak to her. She has put a dark shadow on our lives with her obscene accusations which just won't go away. The most cruel thing of all is that my beloved husband, her father, died and now it is too late for her to ever apologize to him. I have no reason to want her in my life again.

The FMSF Newsletter is a big help to me. I understand and feel the anguish of the letters sent to you and know I am not alone. It has given me peace of mind and helped me in my everyday coping with life. Keep up the excellent work.

Happy Epilogue

I had so many years of joy with my second daughter. I rocked her, I loved her and nurtured her when she was little. I cared for her when she got divorced. I loved her when she became a young mother. She was my best friend.

Then something happened to her—she went to see a psychologist and decided that I had abused her. What a terrible lie. Now I am frightened of her—don't want to be with her at all. I stay away from her. Now I live in fear and have had two strokes from the stress.

A Broken Mom

Epilogue

The daughter has come back to Broken Mom and to her Dad. She is reluctant to talk saying only—"How can I forgive myself." The Mom has forgiven her and is improving. She is now able to walk around the house.

FMS and Cult Difference

Four years ago when I started talking to FMS families, I began to see many similarities between the cult mentality and that of our FMS victims. The techniques of brainwashing are different, but the results are the same. With our cult indoctrinated son we did the kidnap, deprogramming, and rehabilitation routine. It was successful—why not do the same with the FMS victim?

In examining this, it became clear that those involved with the cults were in an isolated society. Cult members have no or few obligations outside the group, so taking someone from that situation affects no one but the cult. On the other hand our FMS victims, for the most part, are functional individuals with a problem in this one area. Most have work obligations and their own families. They are involved socially with friends and associates, as well as religious and social organizations; thus it is impractical to consider isolating them for even a brief period of time to deprogram or educate them about what has been done to them in therapy. Hopefully someday we will find a program or a tested means of reaching these victims of FMS. A Mom

Toxic Parents? Dysfunctional families? C'mon. Stop casting blame and move on . . .

This was the headline of a Guest Column in our local newspaper. The columnist is a free-lance writer and former professor of sociology at a Community College. What she has to say speaks to the parent-bashing trend so popular these days on some psychoanalysts' couches.

She states how the term "toxic parents" is now part of the psycho-babble language that sees parents as the root of all evil. In most situations, the parent is depicted as the villain, while the adult child must come to grips with the demons of childhood, working through anger and sometimes "forgiving" the parent. Of course parents can harm their children. Physical abuse and sexual abuse happen. "But," she writes, "And a very big BUT. Most families are not dysfunctional. Most parents are not abusive. Most parents are not responsible for the problems of their adult children." Hear, Hear!

Some strategic advice is offered for these adult children: "Stop recycling your problems back to your parents. Try cognitive therapy instead of Freudian. Skip resurrecting the past; concentrate on the present and future. What are your options and choices in life? What can you do to improve the quality of your life?" She continues,

"Celebrate the joys of family life. Past and present. . . Love each other. Accept each other. Don't judge. Human beings are not perfect." And finally, "Let go of the past. Live in the present. Plan and dream for the future." Simple, but sound advice. A Mom

"This racket [recovered memory therapy] flourished during the past decade in the United States until the American Medical Association and above all the False Memory Syndrome Foundation warned the courts of law that they were being taken in. Thanks to this reaction the number of lawsuits of that type has started to decline. This is not to deny that many children are sexually abused by their relatives."

Mario Bunge
"Charlatanism in Academia"
The Flight from Science and Reason
June 24, 1996
New York Academy of Sciences

For Even One Day

If every therapist was subjected to even one day of the pain, fear and loneliness being inflicted on the falsely accused, they would move heaven and earth to get the truth out of a client. They would pursue all avenues of motive for false accusations before they would send a family into the horror that they are subjected to by therapists and the legal system.

A Dad

Concentrate on What You Have

My daughter began getting her new "memories" more than eight years ago. It began with minor false accusations and gradually grew to become accusations of me, her mother, sexually abusing her and on to accusations that all my family and our friends were perpetrators and satanic worshippers and baby killers, unless they were victims and in denial.

Until I found False Memory Syndrome Foundation shortly after the organization was formed, I thought it was a singular aberration or illness my daughter was suffering from. Maybe the cliché "misery loves company" has some merit, because somehow I felt better when I found FMSF and others in the same anguishing situation.

Becoming involved with FMSF and trying in some way to help others undergoing the same wrenching experience, has made me feel less helpless. Instead of feeling as though I'm just handwringing as in a hospital waiting room, I feel I'm doing something constructive so that perhaps others won't have to endure what our family has.

Those of us in this unhappy position are fortunate to have such capable and dedicated workers, volunteers, directors and eminent advisory board to shine light on what is going on. Any money I donate to FMSF I feel good about because we get so much bang and intellect for our buck.

My daughter, her four children and her husband have had no contact with any of the rest of the family for over five years. I almost think I'm better off than parents whose child pops up occasionally only to withdraw suddenly; or who wants the comfort of the family but "doesn't want to talk about it." I have a scar, not a wound and not a scab and I prefer it that way. "Keeping the door open," might be fine for the adult child but it's hell on the parent. I don't choose to live in limbo.

I recognize that I can say this because I'm fortunate enough to have another child who is very supportive and another grandchild. So although I have a smaller cup now, it is still full. I concentrate on what I have, not on what I don't have.

My thanks to FMSF and its workers for all their efforts and for helping us find each other.

A Mom

SEPTEMBER 1996**FMSF MEETINGS**FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER

key: (MO)=monthly; (bi-MO)=bi-monthly; (*)=see State Meetings list

CALL PERSONS LISTED FOR INFO & REGISTRATION***STATE MEETINGS*****ONTARIO**Saturday, September 28, @ 1-3pm
76 Anglesey Blvd., Toronto
Call local contact for info**WEST VIRGINIA**Saturday, October 19, @ 10-3pm
Bonanza Steak House, Weston, WV
Speaker: Claudette Wassil-Grimm
author of *Diagnosis for Disaster*
Pat (304) 291-6448**INDIANA**Sunday, October 27, @ 1:30 pm
Indianapolis Area
Indiana Assn. for Responsible Mental Health Practices
Nickie (317) 471-0922, FAX 334-9839
Pat (219) 482-2847**UNITED STATES****ALASKA**- Bob (907) 586-2469**ARIZONA** - (bi-MO)

Barbara (602) 924-0975; 854-0404(fax)

ARKANSAS - LITTLE ROCK

Al & Lela (501) 363-4368

CALIFORNIA

NORTHERN CALIFORNIA

SACRAMENTO-(quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916) 443-4041

SAN FRANCISCO & NORTH BAY (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

EAST BAY AREA (bi-MO)

Judy (510) 254-2605

SOUTH BAY AREA Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

CENTRAL COAST - Carole (805) 967-8058

SOUTHERN CALIFORNIA

CENT. ORANGE CNTY. 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

ORANGE COUNTY -3rd Sun. (MO) @ 6pm

Jerry & Eileen (714) 494-9704

COVINA AREA -1st Mon. (MO) @ 7:30pm

Floyd & Libby (818) 330-2321

SOUTH BAY AREA -3rd Sat. (bi-MO) @ 10am

Cecilia (310) 545-6064

COLORADO -**DENVER**-4th Sat. (MO) @ 1pm

Art (303) 572-0407

CONNECTICUT - NEW S. ENGLAND

AREA CODE 203 (bi-MO) Sept-May

Earl 329-8365 or Paul 458-917

FLORIDADADE/BROWARD Madeline (305) 966-4FMS
BOCA/DELRAY 2nd&4th Thurs(MO) @ 1pm

Helen (407) 498-8684

CENTRAL FLORIDA- AREA CODE S 352, 407, 804
4th Sun. (MO) @ 2:30 pm

John & Nancy (352) 750-5446

TAMPA BAY AREA

Bob & Janet (813) 856-7091

ILLINOIS - 3rd Sun. (MO)

CHICAGO & SUBURBS

Eileen (847) 985-7693

JOLIET

Bill & Gayle (815) 467-6041

REST OF ILLINOIS

Bryant & Lynn (309) 674-2767

INDIANA -INDIANA FRIENDS OF FMS (*)

Nickie (317) 471-0922(ph); 334-9839(fax)

Pat (219) 482-2847

IOWA -DES MOINES

Betty & Gayle (515) 270-6976

2nd Sat. (MO) @ 11:30am Lunch

KANSAS -KANSAS CITY

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

KENTUCKY

COVINGTON- Dixie (606) 356-9309

LOUISVILLE- Last Sun. (MO) @ 2pm

Bob (502) 957-2378

LOUISIANA- Francine (318) 457-2022**MAINE** - AREA CODE 207

BANGOR -Irvine & Arlene 942-8473

FREEPORT -4th Sun. (MO) Carolyn 364-8891

MARYLAND -ELLCOT CITY AREA

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

CHELMSFORD- Ron (508) 250-9756

MICHIGAN-GRAND RAPIDS AREA-JENISON -1st Mon. (MO)

Bill & Marge (616) 383-0382

GREATER DETROIT AREA -3rd Sun. (MO)

Nancy (810) 642-8077

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

KANSAS CITY -2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

ST. LOUIS AREA)- AREA CODE 314

Karen 432-8789 or Mae 837-1976

SPRINGFIELD - 4th Sat. (MO) @ 12:30pm

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

NEW JERSEY(So.) SEE WAYNE, PA**NEW MEXICO**- AREA CODE 505ALBUQUERQUE 1st Sat. (MO) @ 1 pm- Southwest
Room-Presbyterian Hospital

Maggie 662-7521(after 6:30 pm) or

Martha 624-0225

NEW YORK

DOWNSTATE NY-WESTCHESTER, ROCKLAND, ETC.

Barbara (914) 761-3627 (bi-MO)

UPSTATE/ALBANY AREA (bi-MO)

Elaine (518) 399-5749

WESTERN/ROCHESTER AREA (bi-MO)

George & Eileen (716) 586-7942

OKLAHOMA -OKLAHOMA CITY

AREA CODE 405

Len 364-4063 Dee 942-0531

HJ 755-3816 Rosemary 439-2459

PENNSYLVANIA

HARRISBURG -Paul & Betty (717) 691-7660

PITTSBURGH -Rick & Renee (412) 563-5616

WAYNE (INCLUDES S. NJ)

Jim & Jo (610) 783-0396

TENNESSEE - Wed. (MO) @ 1pm

Kate (615) 665-1160

TEXAS

CENTRAL TEXAS -Nancy & Jim (512) 478-8395

HOUSTON -Jo or Beverly (713) 464-8970

UTAH -Keith (801) 467-0669**VERMONT** (bi-MO) Judith (802) 229-5154**VIRGINIA** Sue (703) 273-2343**WEST VIRGINIA** (*)

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

INTERNATIONAL**BRITISH COLUMBIA, CANADA**

VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Sat. (MO) @ 1-4pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tues. (MO) @ 7:30pm

ONTARIO, CANADA (*)

LONDON -2nd Sun (bi-MO)

Adrian (519) 471-6338

OTTAWA -Eileen (613) 836-3294

TORONTO/N. YORK-Pat (416) 444-9078

WARKWORTH - Ethel (705) 924-2547

BURLINGTON - Ken & Marina (905) 637-6030

SUDBURY-Paula (705) 692-0600

QUEBEC, CANADA -

MONTREAL

Alain (514) 335-0863

AUSTRALIA -Mrs Irene Curtis

P.O. Box 630, Sunbury, VCT 3419

phone (03) 9740 6930

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NETHERLANDS -TASK FORCE FMS OF
WERKGROEP FICTIEVE HERINNERINGEN

Mrs. Anna deJong (31) 20-693-5692

NEW ZEALAND

Mrs. Colleen Waugh (09) 416-7443

UNITED KINGDOM

THE BRITISH FALSE MEMORY SOCIETY

Roger Scotford (44) 1225 868-682

**YOU MUST BE A STATE CONTACT OR
GROUP LEADER TO POST A NOTICE IN THIS
NEWSLETTER**If you are interested in becoming a
contact, write: FRANK KANE, State
Contact Coordinator**OCTOBER '96 Issue Deadline: SEPT. 13**
Meeting notices **MUST** be in writing. Mark
Fax or envelope: "Attn: Meeting Notice" &
send 2 months before scheduled meeting.

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